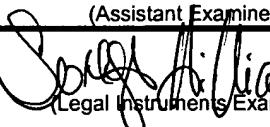
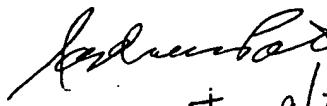


Issue Classification		Application/Control No.		Applicant(s)/Patent under Reexamination	
		09/421,108		HSU ET AL.	
		Examiner		Art Unit	
		JAGDISH PATEL		3624	

ISSUE CLASSIFICATION			
ORIGINAL		CROSS REFERENCE(S)	
CLASS	SUBCLASS	CLASS	SUBCLASS (ONE SUBCLASS PER BLOCK)
705	37	705	26 27
INTERNATIONAL CLASSIFICATION			
G	0 6 F	17/60	
	/		
	/		
	/		
	/		
<i>[Signature]</i> (Assistant Examiner) (Date)		<i>Jagdish Patel</i> Jagdish N Patel 9/29/05 (Primary Examiner) (Date)	
Total Claims Allowed: 55			
<i>[Signature]</i> (Legal Instruments Examiner) (Date)		O.G. Print Claim(s)	O.G. Print Fig.
		1	1

<input type="checkbox"/> Claims renumbered in the same order as presented by applicant		<input type="checkbox"/> CPA		<input type="checkbox"/> T.D.		<input type="checkbox"/> R.1.47	
Final	Original	Final	Original	Final	Original	Final	Original
1		31	61	91	121	151	181
		32	62	92	122	152	182
		33	63	93	123	153	183
		34	64	94	124	154	184
		35	65	95	125	155	185
		36	66	96	126	156	186
		37	67	97	127	157	187
		38	68	98	128	158	188
		39	69	99	129	159	189
		40	70	100	130	160	190
		41	71	101	131	161	191
		42	72	102	132	162	192
		43	73	103	133	163	193
		44	74	104	134	164	194
		45	75	105	135	165	195
		46	76	106	136	166	196
		47	77	107	137	167	197
		48	78	108	138	168	198
		49	79	109	139	169	199
		50	80	110	140	170	200
		51	81	111	141	171	201
		52	82	112	142	172	202
		53	83	113	143	173	203
		54	84	114	144	174	204
		55	85	115	145	175	205
		56	86	116	146	176	206
		57	87	117	147	177	207
		58	88	118	148	178	208
		59	89	119	149	179	209
		60	90	120	150	180	210

Issue Classification 		Application/Control No.		Applicant(s)/Patent under Reexamination	
		09/421,108		HSU ET AL.	
		Examiner		Art Unit	
		JAGDISH PATEL		3624	

ORIGINAL			CROSS REFERENCE(S)					
CLASS	SUBCLASS	CLASS	SUBCLASS (ONE SUBCLASS PER BLOCK)					
INTERNATIONAL CLASSIFICATION								
/								
/								
/								
/								
/								
(Assistant Examiner) (Date)  9/30/05 (Legal Instruments Examiner) (Date)			 4 9/29/05 (Primary Examiner) (Date)			Total Claims Allowed: 55		
						O.G.	O.G.	
						Print Claim(s)	Print Fig.	
						1	1	

<input type="checkbox"/> Claims renumbered in the same order as presented by applicant		<input type="checkbox"/> CPA		<input type="checkbox"/> T.D.		<input type="checkbox"/> R.1.47	
Final	Original	Final	Original	Final	Original	Final	Original
17	211	45	241	271	301	331	361
18	212	46	242	272	302	332	362
19	213	47	243	273	303	333	363
20	214	48	244	274	304	334	364
0	215	49	245	275	305	335	365
21	216	50	246	276	306	336	366
22	217	51	247	277	307	337	367
23	218	52	248	278	308	338	368
24	219	53	249	279	309	339	369
25	220	54	250	280	310	340	370
26	221	55	251	281	311	341	371
27	222	252		282	312	342	372
28	223	253		283	313	343	373
29	224	254		284	314	344	374
30	225	255		285	315	345	375
31	226	256		286	316	346	376
32	227	257		287	317	347	377
33	228	258		288	318	348	378
34	229	259		289	319	349	379
35	230	260		290	320	350	380
231		261		291	321	351	381
36	232	262		292	322	352	382
37	233	263		293	323	353	383
38	234	264		294	324	354	384
39	235	265		295	325	355	385
40	236	266		296	326	356	386
41	237	267		297	327	357	387
42	238	268		298	328	358	388
43	239	269		299	329	359	389
44	240	270		300	330	360	390